11/03/

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Γ	APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.		
-	10/750,553	12/31/2003		Anthony J. Freking		59444US002	5594		
Т.	ITLE OF INVENTION	: COVER REMOVAL	FAB FOR OPTICAL PRO	ODUCTS					
Ĺ	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
	nonprovisional	МО	\$1400	\$300	<b>\$0</b>	\$1700	11/03/2006		
	EXAM	INER	ART UNIT	CLASS-SUBCLASS		•			
	NEILS, P	EGGY A	2875	362-618000					
	FR 1.363).  Change of corresp Address form PTO/SI	ication (or "Fee Address 2 or more recent) attacl	n of "Fee Address" (37 ange of Correspondence "Indication form ned. Use of a Customer	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			n W. Buckingha		
3.				THE PATENT (print or type					
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
	3M Tnnovat	ive Proper	ties Company	st Paul	Minnesota				
P	ease check the appropr	iate assignee category o	categories (will not be pr	rinted on the patent):	Individual X Corporati	on or other private grou	ip entity Government		
48	4a. The following fee(s) are submitted:    State Fee   A check is enclosed.     Publication Fee (No small entity discount permitted)   Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)     A check is enclosed.   Payment by credit card. Form PTO-2038 is attached.     Payment by credit card. Form PTO-2038 is attached.     The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-3723 enclose an extra copy of this form).								
5. Change in Entity Status (from status indicated above)  \[ \begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.} \] \[ \begin{align*} \text{ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \]									
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Authorized Signature Date November 3, 2006									
	Typed or printed name	Stephen W	Buckingham	<b></b>	Registration No.	30-035			

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	Application Number	10/750553					
FACSIMILE TRANSMITTAL	Confirmation Number	5594					
TRANSMITTAL FORM	Filing Date	December 31, 2003					
PURIVI	First Named Inventor	Freking, Anthony J.					
* *	Examiner Name	Peggy A. Neils					
Fax: 571-273-2885	Attorney Docket Number	59444US002					
Total Number of Pages in This Submission: 2 (including cover)							
Date: November 3, 2006	Attorney for Applicant: Ste	Attorney for Applicant: Stephen W. Buckingham/mms					

ENCLOSURES (check all that apply)							
□ Fee Transmittal Form     □ Issue Fee Transmittal     □ Amendment Transmittal	☐ Petition		Appeal Communication to Board of Appeals and Interferences				
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☐ Extension of Time Request	☐ Power of Attorney, Revocation		Proprietary Information				
Express Abandonment Request	Change of Correspondence Address		Status Letter				
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Response to Missing Parts/ Incomplete Application Response to Missing Parts	Request for Refund						
under 37 CFR § 1.52 or 1.53 Response to Missing Parts under 35 USC 371 in US Designated/ Elected Office (DO/EO/US)	Request for Continued Examination (RCE) Transmittal		4				
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